CUMBERLAND COUNTY COUNCIL

EDUCATION COMMITTEE

REPORT

OF THE

SCHOOL MEDICAL OFFICER

KENNETH FRASER
M.D., F.R.S.E., D.P.H., D.T.M.,

ON THE

MEDICAL INSPECTION OF SCHOOL CHILDREN

FOR THE YEAR ENDED

DECEMBER 31st, 1942.

CARLISLE:
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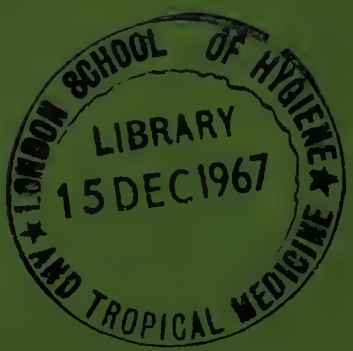
1943.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CUMBERLAND COUNTY COUNCIL.

COUNTY HEALTH DEPARTMENT,
11, PORTLAND SQUARE,
CARLISLE.

April, 1943.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to present the Annual Report on the Medical Inspection and Treatment of School Children for the year ended 31st December, 1942. The report is again, on the instructions of the Board of Education, reduced to a minimum and consists of the essential statistics, in explanation of which a few comments are necessary.

STAFF.

The usual list of staff engaged in connection with the School Medical Service is omitted. Staff changes during the year have been as follows:—

Dental.

Mr. J. M. Enderby was called up for Military Service on the 30th November. The Dental Sub-Committee have decided that the vacancy shall not be filled.

Health Visitors.

Miss E. L. Maxwell resigned on the 30th November. Miss E. Abraham took up her duties on the 8th October, and Miss E. Mercer on the 1st December.

THE WORK IN GENERAL.

Examinations of children, including evacuees, amounted to 20,832. Routine examinations at 6,330 were lower than for the previous year, chiefly I think on account of the return of evacuated children to their homes.

Nutrition.

As has been pointed out in the reports immediately preceding, a national classification of nutrition for school children has been adopted which divides these children into four groups:—

Group A—Children whose nutrition and physique are above the average for the age.

Group B—Children normal in nutrition and physique for the age.

Group C—Children below the average in nutrition and physique for the age.

Group D—Children markedly below the average in nutrition and physique for the age.

The figures for 1942 by percentages are almost identical with those for 1941 for each of the above four groups. Actually Group A and Group B have each fallen by nearly 1 per cent., and Group C has risen by nearly 2 per cent. These changes in percentages are obviously of no significance, and therefore we can safely assume that there has been no fall in the nutritional standard of elementary school children in this area during the year. The actual percentages for the year are as follows:—

Group A	...	...	...	25.32
Group B	...	...	...	68.34
Group C	...	...	...	6.26
Group D	...	...	...	.08

Defects Requiring Treatment.

An examination of the statistics shows little change from the previous year. The figures for the various sections are more or less similar to those for 1941.

There has again been a rise in the incidence of scabies to a new high level of 709 cases. This rise in scabies is generally accepted as being primarily due to war conditions, although it is recognised that some rise in the incidence of scabies had begun prior to the war. The rise in the number of scabies cases is primarily responsible for the rise in the number of cases of skin diseases referred for treatment, and in the number of attendances at school clinics which actually have risen for skin diseases alone to almost 10,000 during the year.

Once again no cases of pulmonary tuberculosis were discovered at the school medical inspections. The number of contacts of tuberculous cases examined at the school medical inspections amounted to about 600.

Verminous conditions fell by about 100 from the 1941 figure, which is satisfactory, as the rise in verminous conditions since the war has in many areas been a cause of some anxiety.

Apart from these few observations, the statistics do not appear to call for any comment.

School Milk.

With regard to milk the position throughout the year has continued to be somewhat difficult, difficult that is in continuing to provide milk supplies to schools desiring the same from sources which could with reasonable safety be approved. The figures for the past two years are as under:—

Elementary Schools.	1941.	1942.
Receiving free Milk	2,590	2,293
Milk Marketing Board Scheme ($\frac{1}{2}$d. per 1/3 pint)	11,987	11,271

The figures above include those for children evacuated from other areas. The numbers of these evacuated children are declining due to the children returning to their homes, and the fall in the figures above is almost entirely due to the fall in the amount of milk consumed by evacuated children, as is shown by the following table, which concerns evacuees only:—

Receiving free Milk	372	233
Milk Marketing Board Scheme	1,364	730

The meaning of all this is that the amount of milk consumed at school by Cumberland children remains practically unchanged.

The figures for secondary schools are as under. These include evacuated children:—

	1941.	1942.
Receiving free Milk	28	20
Milk Marketing Board Scheme	2,572	2,625

During the year there was issued by the Medical Research Council a document of the first importance—the "Report of the Committee on Tuberculosis in War-Time." This document was the report of a Committee appointed by the Medical Research Council at the request of the Ministry of Health. The trend of the document, so far as milk was concerned, was to develop the arguments in favour of pasteurisation wherever practicable, and brought an entirely new orientation to bear on the question of milk supplies for school children in rural areas "where, owing to transport or other difficulties, pasteurised milk cannot be supplied." The report points out that boiling of milk, which is advised

as the policy for the rural home unprovided for by pasteurised milk supplies, is probably inapplicable to schools because, for reasons given, it is considered unlikely to be carried out. The alternative suggestion in the report is to provide such schools with " full cream dried milk which can readily be made up with hot water, and which, when flavoured with chocolate, makes a pleasant drink of high nutritive value."

The report arrives at this important conclusion: " We are seriously disturbed at the not infrequent practice at the present time of giving children raw, potentially infected milk as a priority food." " Potentially infected " in this case obviously means infected with tuberculosis. The report therefore suggests three methods of providing milk for school children in rural areas:—

(a) Pasteurised milk.
(b) Boiled milk where practicable.
(c) Dried milk.

Those who attended the conference on milk held early in 1943 will recollect that two important points were elucidated. The first is that to the above three groups of milk suitable for school supplies a fourth, namely, tuberculin-tested milk, may be added. The other point is that the food value of dried milk may be regarded as practically equal to that of wet milk.

Now all this is very well, and up to a point no doubt everyone, including School Medical Officers of rural counties will agree with it. It is, however, I think generally accepted that owing to distribution difficulties it is unlikely that pasteurisation, even if a policy of compulsory pasteurisation were ultimately to be adopted, will ever reach the countryside. If the alternative is to be tuberculin-tested sources of supply of wet milk, then I have no quarrel with that, but if the ultimate solution of the milk supply to our rural schools is to be boiled milk or dried milk, then frankly I do not like it. Boiled milk is admittedly unpopular with children. Dried milk is frequently the same. The report dismisses boiled milk as a practical source of supply for schools because of the labour and trouble involved, but it is surely overlooked that precisely the same labour and trouble are involved in the preparation of dried milk products. Both involve heating—the degree of heating is unimportant so far as the labour

involved is concerned—and the boiling of milk or the preparation of dried milk products in rural schools in summer time with no fires on is very difficult, and the difficulty is just as great in one case as in the other. Both dried milk and boiled milk involve the use of cups and the washing of these, and to my mind there is no distinction, so far as the labour involved is concerned, between the use of boiled milk and of dried milk in schools such as is drawn in the report.

There is another point of great importance. The provision of milk in schools is under the general direction of the Board of Education. The Board of Education have not indicated that they contemplate or desire any reversal of or change in the policy of distributing wet milk to schools which they have in recent years, in conjunction with the Milk Marketing Board, strenuously advocated. The Board have laid it down that the source of supply must be approved by the Medical Officer of Health, but the report of the Medical Research Committee sharply limits the supplies which may, in their opinion, properly be approved to three groups to which, as I have shown, a fourth may be added.

If the recommendations of the Medical Research Council are to be adopted then the approval of the Medical Officer of Health becomes superfluous. I have no quarrel with that, but I do think the Board of Education should without delay make it clear where they stand in this matter. Do the Board concur in the recommendations of the Medical Research Council or do they not? A recent letter from the Board to this Authority appears to show that they do not. The letter recommends the use of pasteurised milk wherever practicable. We all agree with that, but the letter goes on to say "The question of pre-emption of supplies of tuberculin-tested milk is not one for the Board of Education, **but where no satisfactory supplies of raw milk are obtainable* tuberculin-tested milk, if available, may be supplied to the children at the normal price of ½d. per 1/3 pint."

The Board are prepared to make up the deficit incurred by the Authority in respect of any difference in price between tuberculin-tested milk and ordinary milk, but the fundamental point is that the Board, many

* The italics are mine.

months after the issue of the report by the Medical Research Council with its strong recommendations, are still apparently prepared to approve the continuance of a conflicting policy which authorises the issue to schools of wet milk *below* the tuberculin-tested standard if approved by the Medical Officer of Health. Clearly guidance on a matter of this importance should be synchronised.

The difficulties of the moment are, of course, obvious—the necessary number of pasteurising plants are not available. Adequate supplies of dried milk are not available either, nor is there enough tuberculin-tested milk to go round the schools. Therefore, while the views of the Committee on Tuberculosis will in general, though perhaps not entirely, be accepted as forming the basis of a policy to be put into operation as soon as may be practicable, yet it is apparent that to put this limitation of supply into operation now would in effect terminate the supply of milk to many rural schools. It may well be that the Board are not prepared to grasp this nettle. Milk is an essential in the dietary of the child, and it may be argued that the continuance of school milk supplies on the present basis is justifiable even though a small percentage of the children will ultimately pay the penalty. It is a thorny subject and a thorny problem, and the solution, so far as the majority of rural schools are concerned, does not seem to me to be in sight.

There is, of course, one other point, and that is that if the strenuous and sustained efforts necessary to safeguard school milk in rural areas are in due course put in hand these should run concurrently with efforts to provide safe milk to children in their rural homes. There would not appear to be any useful purpose in supplying what might be called "protected" milk to children between the ages of 5 and 14 during school hours if up to the age of 5 years and out of school hours in their own homes these children are drinking "unprotected" milk.

School Meals.

Twelve months ago in the report for 1941 the position with regard to the then existing mid-day meal arrangements was outlined and probable future developments were foreshadowed. At that time, apart

from one or two isolated schools with their own arrangements, and the mid-day meals provided at four domestic science centres, comparatively little was done in the way of the provision of mid-day meals, and the matter was then under consideration and development. Since that time most of the facilities foreshadowed have come into operation. The use of the domestic science centres for the provision of mid-day meals has, in accordance with the views of the Board of Education, been abandoned, and other arrangements have been made in the areas concerned. School canteens are now in operation as under:—

Crosby National School	...	Providing approximately	90	dinners
Cleator Moor	...	,, ,,	250	,,
Keswick	...	,, ,,	250	,,
Alston	...	,, ,,	200	,,
Longtown	...	,, ,,	200	,,
Gosforth	...	,, ,,	80	,,
Allhallows	...	,, ,,	85	,,
Millom	...	,, ,,	150	,,
Great Corby	...	,, ,,	35	,,
Dovenby	...	,, ,,	70	,,
Bowness	...	,, ,,	100	,,

The only comment on the above list is that at Millom the meals are purchased from the British Restaurant and are served on the school premises.

Plans for self-contained canteens are likely to come into operation soon for the following schools:—

Braithwaite	...	To provide approximately	40	dinners
Ivegill	...	,, ,,	40	,,
Waberthwaite	...	,, ,,	70	,,
Silloth	...	,, ,,	200	,,

The large schemes projected to be centred round the cooking depôts at Workington and Whitehaven are not at the moment of writing actually in operation. The plans are that from the Workington cooking depôt something over 600 dinners will be delivered in special containers for consumption on the school premises or otherwise as may be arranged for the Cockermouth schools, Clifton, Great Broughton, and Brigham. Similarly from the Whitehaven cooking depôt it is hoped that about 1,000 dinners will be distributed to schools within a radius of five or six miles.

The problem of the smaller rural schools is not easily solved by the canteen arrangements applicable to urban areas, and such schools are frequently out with the possible radius of delivery from cooking depôts. At Great Corby the school dinners are cooked in the

kitchen of a house near the school and are carried to the school for consumption. The development of this idea may be a solution of the problem of the country schools.

The general price of these mid-day meals throughout the area has been 4d. In one or two smaller canteens the price has had to be increased to 5d. Not only is the canteen scheme growing, but requests for the establishment of school canteens keep coming in.

The Sub-Normal Child.

Within the last twelve months I have had opportunities of getting a clearer perspective of the problems associated with mental deficiency, and one point has struck me very forcibly. We, as a Local Authority, provide at substantial annual cost, for the segregation or supervision of low grades of mental defectives—the low grade and therefore uneducable feeble-minded, the imbecile and the idiot. *We make no provision at all for the high grade mental defective*—the child in whom the degree of mental deficiency is comparatively small and therefore the child who, by education under special conditions, has a prospect of becoming of economic value to the community as a wage earner instead of being a burden as a person whose life has to be organised and supervised for him.

Plainly this does not make common-sense, nor is it consistent with our duties under the Education Act, 1921, Sect. 56, and I think it is quite clear that in our post-war plans we must make provision for the education under special school arrangements for the high grade mental defectives in the area, of whom there are a substantial number. Such provision in a rural county must, of course, be made in two ways:—(a) by the provision of special classes in the elementary schools in areas where these are practicable and where the population justifies their establishment, and (b) by the establishment of a residential school to provide for children who cannot attend special classes.

I would venture to take the liberty of suggesting that in order that these proposals may take their part in post-war plans this Education Authority should confer with the adjoining Education Authorities and with the Joint Committee for the Mentally Defective on the whole matter. I feel quite certain that such a conference would not be premature and indeed I think a conference is overdue.

Orthopædics.

Our orthopædic scheme, which has now passed its twenty-first birthday, is well founded and efficient, but we have always recognised that there are gaps in the scheme and one of these is now closed by a recent joint circular from the Ministry of Health and Board of Education authorising the provision by Local Education Authorities of artificial limbs to school children who have lost their limbs by accident or otherwise.

Immunisation.

Immunisation of school children against diphtheria has continued smoothly throughout the area. The total number of children immunised during 1942 amounted to 3,148, which brings the percentage of school children immunised up to date to approximately 80 per cent.

I am,

Your obedient Servant,

KENNETH FRASER,

School Medical Officer

Table A.

SUMMARY OF DEFECTS FOUND, AND OF TREATMENT UNDERTAKEN UNDER THE SCHEMES OF THE EDUCATION AUTHORITY.

Condition.	Referred for Treatment.	Treated.
Defects of Nutrition	30	30
External Eye Diseases	157	140
Skin Diseases	1835	1781
Defective Vision and Squint ...	736	727
Tonsils and Adenoids	654	475
Other Ear, Nose and Throat Conditions	330	295
Enlarged Cervical Glands ...	37	26
Heart Disease and Anæmia ...	119	106
Bronchitis and Other Chest Conditions	117	97
T.B. Pulmonory (Definite) ...	20	20
T.B. Pulmonary (Suspected)	22	21
T.B. (Non-Pulmonary) ...	21	21
Nervous Diseases	22	18
Uncleanliness	969	969
Other Defects and Diseases ...	1243	1164
	6312	5890

Orthopædic and Dental Defects are not included in the above figures.

Table B.

SHOWING THE WORK CARRIED OUT BY THE NURSING STAFF IN FOLLOWING UP DEFECTS.

Condition.	No. of Cases.	No. of Visits Paid.
Poor Nutrition	14	43
Malnutrition	—	—
Uncleanliness	37	49
Skin Diseases	62	205
Eye Conditions	418	504
Ear Conditions	73	97
Nose and Throat Conditions	330	970
Heart and Circulation	22	45
Lungs (Non-Tubercular)	9	18
Lungs (Tubercular)	—	—
Pre-Tubercular	—	—
Other Tubercular Conditions	—	—
Deformities	1	1
Glands	4	17
General Cases	11	22
	981	1971

Table C.

SHOWING THE ATTENDANCES AT INDIVIDUAL SCHOOL CLINICS.

Clinic.	New Cases.	All Cases. Attendances.
Alston	38	144
Penrith	680	3396
Cockermouth	698	3288
Millom	439	1772
Egremont	278	1348
Brampton	224	970
Carlisle	131	355
Whitehaven	33	80
Wigton	421	1230
Maryport	381	1787
Frizington	435	2152
Cleator Moor	443	2032
	4201	18554

Table D.

SHOWING THE DEFECTS TREATED AT THE SCHOOL CLINICS.

Condition for which Child Attended.	New Cases.	No. of Attendances. All Cases.
Malnutrition	12	76
Uncleanliness	104	469
Skin Diseases	1730	9859
Ear Diseases	151	1330
Eye Diseases	288	872
Nose and Throat Conditions	273	608
Enlarged Glands (Non-Tubercular)	34	138
Heart and Circulation	96	302
Lungs (Tubercular or Suspected)	43	190
Lungs (Non-Tubercular)	84	283
Tuberculosis (Non-Pulmonary)	18	91
Nervous System	21	71
Deformities	43	137
Other Defects and Diseases	1264	4050
Goitre	4	12
Defective Speech	1	1
Dental	35	65
	4201	18554

Table E.

SHOWING THE ORTHOPÆDIC TREATMENT UNDERTAKEN DURING THE YEAR.

Number on After-Care Register 1/1/42	225
New Cases during 1942	96
Cases re-notified after discharge previously	6
Number removed from Register	75
Number on Register 31/12/42	252
Attendances at After-Care Clinics	398
Seen by Consulting Surgeon (not included in above)	9
Plaster provided at Surgeons' Clinics	—
Attendances at Intermediate Clinics	270
Home Visits	250
Plasters applied at Intermediate Clinics by After-Care Sister	47

Plasters applied at Homes by After-Care Sister ...	30
Frame Cases	1
Tubercular Knees on Thomas' Splints	3
Appliances supplied and renewed	70
Surgical Clogs and Boots supplied	22
Cases in Hospital 1/1/42 and Admissions during 1942, Windermere	46
Discharges from Hospital, Windermere	31
Awaiting Admission to Hospital 31/12/42 ...	12
X-Ray Examinations during 1942	39
X-Ray Examinations at Ethel Hedley Hospital ...	6
Awaiting X-Ray	2

Table F.

SHOWING THE VARIETIES OF ORTHOPÆDIC CONDITIONS DEALT WITH.

Poliomyelitis	14
T.B. Joints	53
Rickets	21
Congenital Dislocation of the Hips	11
Birth Palsies	5
Injuries	18
Osteomyelitis	8
Progressive Muscular Distrophy	1
Torticollis	11
Flat Foot	54
Talipes	11
Pseudo Coxalgia	9
Exostosis	4
Fragilatis	2
Hallux Valgus	7
Club Foot	5
Amputation	2
Other Conditions	22
Arthritis	1
Fractures	4
Congenital Defects	23
Scoliosis	10
Traumatic Synovitis	4
Hydrocephalitis	3

Hemiplegia	20
Paralysis (Other Sorts)	1
Myositis Ossificans	1
Still's Disease	1
Scheuermann's Disease	1

Table G.

SHOWING THE POSITION OF DENTAL INSPECTION AND TREATMENT.

(a) ELEMENTARY SCHOOLS.

(1) Number of Children inspected by the Dentist.

(a) Routine Age Groups.

Age	5	6	7	8	9	10	11	12	13	14	Total
Number	1061	1421	1430	1574	1360	1399	1370	1132	1055	557	12359

(b) Specials	1619
(c) Total (Routine and Specials)	13978
(2) Number found to require treatment	10207
(3) Number actually treated	7934
(4) Attendances made by children for treatment	15148

(5) Half-days devoted to:—

Inspection	159
Treatment	2030
Total	2189

(6) Fillings:—

Permanent Teeth	4135
Temporary Teeth	—
	4135

(7) Extractions:—

Permanent Teeth	3039
Temporary Teeth	12920
Total	15959

(8) Administrations of general anæsthetics for extractions	542

(9) Other Operations:—

Permanent Teeth	1594
Temporary Teeth	310
Total	1904

(b) SECONDARY SCHOOLS.

	Whitehaven Secondary School.	All Other Secondary Schools.
Treated	130	382
Total Attendances	385	1885
Teeth Filled	306	952
Extractions:—		
Permanent	113	464
Temporary	25	125
Other Operations:—		
Permanent	1	470
Temporary	43	9
Anæsthetics—General	—	16
Dentures	7	20

The Senior Dental Officer makes the following comment on the above figures:—

"During the year considerably more treatment has been carried out in rural schools, and this has, to some considerable extent, met the difficulties connected with travelling facilities so far as the parents and children are concerned. This new orientation of policy seems also to be much appreciated by the majority of head teachers of rural schools, as it results in a considerable saving of educational time. The great advantage to parents in remote areas is evident. It is hoped steadily to extend this aspect of the dental service.

"The considerable reduction in ancillary services has made it possible to extend the treatment in Secondary Schools, and it is hoped there will be a further increase in this very necessary aspect of the work during the ensuing year.

"Unfortunately, the general standard of appointment keeping does not show much improvement, and it seems this must be taken as unavoidable while wartime conditions prevail, although it is being met in some degree by sending for more children than are actually required per session."

Table H.

SHOWING THE POSITION IN REGARD TO MEDICAL INSPECTION AND TREATMENT OF SECONDARY SCHOOLS.

NUMBER OF CHILDREN EXAMINED.

Entrants	771
(Of these 445 were free from defects.)	
15-year-olds	381
(Of these 172 were free from defects.)	
Specials	851
Total ...	2003

NUTRITIONAL SURVEY.

	A.	B.	C.	D
Entrants ...	229	493	49	—
15-year-olds	208	168	5	—

Defects.	Examined in Current Year:— Defects referred for treatment in previous year. (Routines and Specials).	Found treated or partly Treated	All defects noted in *All* Children at current Medical Inspection. R.T.	R.O.
Defective Teeth ...	293	210	366	11
Malnutrition	3	3	6	8
Pulmonary Tuberculosis	—	—	—	—
Other Chest Conditions	4	4	12	31
Organic Heart Disease	3	3	1	12
Functional Heart Conditions and Anæmia	12	11	5	27
Defective Vision ...	131	122	162	385
Squint	14	14	4	16
Defective Hearing ...	3	3	3	9
Tonsils and Adenoids	23	15	26	64
Other Ear, Nose, and Throat Conditions ...	6	5	14	14
Non-Pulmonary Tuberculosis	2	2	1	4
Spinal and Other Deformities	3	3	7	27
Skin Diseases	20	19	19	9
Other Defects and Diseases	13	13	15	43
Total Defects ...	530	427	641	660

At the Whitehaven Secondary School the medical inspection is carried out by a private practitioner—Dr. G. B. Muriel.

The number of children examined was 632, of whom 166 were new admissions and the balance re-examinations and special cases. Of these, 307 were free from defects other than dental defects.

Defects found were as under:—

	Referred for Treatment.	Referred for Observation.
Defective Teeth	204	—
Defective Vision	41	64
Ear Troubles	1	8
Tonsils and/or Adenoids ...	39	124
General Physical Development ...	49	—
Nasal Troubles	—	4
Heart Troubles	—	10
Chest Troubles	—	11
Other Defects	3	18

Table I.

SHOWING THE POSITION IN RESPECT OF MISCELLANEOUS EXAMINATIONS AND TREATMENT, INSTITUTIONAL OR OTHERWISE.

Number of children receiving sanatorium treatment during the year	25
Number of blind or partially blind children in certified schools	5
Number of deaf children in certified schools	11
Number of mentally defective children in institutions ...	24
School closures on account of infectious diseases ...	17
Number of teachers, pupil teachers, and bursars examined	22

OTHER MATTERS.

PHYSICAL TRAINING.

I am indebted to the chief organisers of physical training, Miss Margaret Fraser and Mr. W. S. Gray, for the following condensed report on physical training during the year:—

FURTHER EDUCATION.

"Successful evening classes in physical training, keep fit, dancing, boxing, etc., have been held in different parts of the County from Millom to Alston under the Further Education regulations, and on the whole they have been well attended in spite of the black-out and irregular and long working hours.

ORGANISED GAMES.

"Enthusiasm for organised games—football, netball, cricket, rounders, shinty, and so on is as keen as ever, although the number of matches has had to be reduced. In the Carlisle Rural District Schools' Netball Competition Warwick Bridge defeated Dalston Royal in the final, and so gained the Hugh Jackson Cup for the first time. In the Cockermouth area Greysouthen School became champions by their victory over Great Broughton, while in West Cumberland, Arlecdon Boys and Girls carried off double honours for the second successive year by winning the County Football Shield and the West Cumberland Schools' Netball Trophy.

SPORTS.

"A number of schools arranged Sports Days for their own scholars, but in the districts where transport was possible, e.g., Kirkoswald, Hunsonby and Keswick, combined schools' sports meetings were held, and keen

competition took place. This year for the first time Penrith elementary schools joined forces and organised a most successful sports afternoon.

SWIMMING.

" Great disappointment was evident in Whitehaven and Maryport districts when the arrangements for swimming instruction had to be cancelled on account of transport difficulties. In Wigton, too, the Baths were not re-opened, but in Penrith, Keswick and Cockermouth full use was made of the Eamont Pool, Derwentwater Lake and the River Derwent respectively. At Hunsonby Open Air Bath the children had swimming instruction as usual, and they were able to take part in the annual gala.

YOUTH CLUBS.

" The classes arranged in physical training, swimming, dancing, etc., under the County Youth Service scheme have been much appreciated, and very well attended.

" For the second year a netball tournament was held at Cummersdale in which eight Youth Club teams took part, Ivegill Old Girls again being the winners.

PRE-SERVICE TRAINING FOR GIRLS.

" The first unit to provide pre-Service training for girls was started in 1940, when the Women's Junior Air Corps came into existence. A small number of units has been formed in Cumberland, but there is to be no further extension of this Corps since the National Association of Girls' Training Corps which was sponsored by the Board of Education in January, 1942, prepares girls for all three Services, as well as for Civil Defence, nursing, etc. The first companies of the G.T.C. in Cumberland were formed at Keswick and Cockermouth, where the Youth Clubs provided a strong nucleus for these two units, which were among the first of the 1,000 odd now in being throughout the country. Physical Training is laid down as one of the basic subjects for all units, and a high standard of efficiency is aimed at.

PRE-SERVICE TRAINING FOR BOYS.

" The Air Training Corps is now an important part of youth work, while the Cadet Training Corps, although rather late in beginning, is doing well.

"The Sea Cadets are also very enthusiastic especially at Maryport, where the grandsons of the old Maryport "Sea Dogs" are showing great keenness. At Maryport on June 27th the A.T.C. held their first annual sports, and a very high standard was reached."

EVACUATED PROBLEM CHILDREN.

I am indebted to Mrs. Battersby, the Psychiatric Social Worker, for the following brief report and statistics:—

"From the following statistics it will be seen that in this County at any rate the boys have caused much more trouble than the girls.

"The cause of a number of these cases seems to have been general instability and lack of home security. There are still far too many children who do not hear regularly from their parents—in fact, too many who do not hear from their parents at all, and consequently have no pocket money. This, no doubt, is frequently the cause of pilfering, not so much perhaps owing to the lack of 'hard cash,' but from desire to prove equality with their playmates.

"Personally, I feel the evacuation system would be greatly improved if direct contact with parents could be achieved through the medium of welfare officers. It often happens that when enquiries are made the data given by the education authorities do not quite contain the personal touch of which we are so much in need.

"There is, however, a very marked improvement in the health condition of many of the children, especially being noticeable amongst those who are billeted on farms, and it is surprising to find how quickly a town child settles into rural life and benefits greatly both physically and mentally."

Total number of cases					112
(23 of whom were returned to Evacuation areas, 7 having reached school leaving age.)					
Total number of visits paid					419
(11	received	1	visit	8 received 7 visits	
23	,,	2	visits	3 ,, 8 ,,	
26	,,	3	,,	2 ,, 9 ,,	
10	,,	4	,,	1 ,, 11 ,,	
14	,,	5	,,	1 ,, 14 ,,).	
9	,,	6	,,		

Number supervised in hostels (for varying periods) ... (28 for enuresis—14) have since left hostels to be 30 disciplinary—17) rebillcted or returned to) Newcastle.)	58
Number of cases in which police took action	4
Number of cases in which police were interested ...	8
Number of cases either living with parents and difficult, or Ministry of Health cases	7
Number transferred billets (and so far no further trouble)	15
Number remaining in same billets	20

BILLETING AREAS.

Border R.D., including Scotby Hostel (8 disciplinary and 10 enuretics)	18
Carlisle City (10 disciplinary and 3 enuretics)	13
Workington Borough (13 disciplinary and 1 enuretic) ...	14
Cockermouth R.D. (14 disciplinary and 1 enuretic) ...	15
Cockermouth U.D. (1 skin infection and 1 disciplinary)	2
Whitehaven Borough (3 disciplinary and 1 enuretic) ...	4
Penrith U.D. and R.D. (4 disciplinary and 6 enuretic) ...	10
Ennerdale R.D. (10 enuretic—all had hostel treatment in Cleator Moor Hostel)	10
Keswick U.D. (6 disciplinary and 3 enuretic)	9
Wigton R.D. (3 disciplinary)	3
Maryport U.D. (6 disciplinary and 3 enuretic)	9
Millom R.D. (3 disciplinary)	3
Non-E.V. cases	2
Total ...	112

Of these 112 cases—Number accused of pilfering	24
(19 boys, 5 girls—15 living in town areas against 9 in rural areas.)	
Number accused of sexual interference	5

Of the enuretics only four were girls.

GENERAL TABLE OF STATISTICS

As Prescribed by

THE BOARD OF EDUCATION

MEDICAL INSPECTION AND TREATMENT RETURNS

YEAR ENDED 31ST DECEMBER, 1942.

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

(a) Routine Medical Inspections.

(1) No. of Inspections:	
Entrants	2313
Second Age Group	2152
Third Age Group	1865
Total	6330
(2) No. of other Routine Inspections	Nil.
Grand Total	6330

(b) Other Inspections:—

No. of Special Inspections and Re-Inspections ... 14502

TABLE II.

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
6330	1603	25.32	4326	68.34	396	6.26	5	.08

TABLE III.

GROUP I.—TREATMENT OF MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

Total Number of Defects treated or under treatment during the year under the Authority's Scheme ... 3521

GROUP II.—TREATMENT OF DEFECTIVE VISION AND SQUINT.

	Under the Authority's Scheme.
Errors of Refraction (including squint)	676
Other defect or disease of the eyes (excluding those recorded in Group I.)	51
Total	727
No. of Children for whom spectacles were	
(a) Prescribed	562
(b) Obtained	533

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Under the Authority's Scheme.
Received Operative Treatment	459
Received other forms of Treatment	16
Total Number Treated ...	475

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist:—	
(a) Routine age-groups	12359
(b) Specials	1619
(c) Total (Routine and Specials)	13978
(2) Number found to require treatment	10207
(3) Number actually treated	7934
(4) Attendances made by children for treatment ...	15148
(5) Half-days devoted to:—	
Inspection	159
Treatment	2030
Total	2189
(6) Fillings:—	
Permanent Teeth	4135
Temporary Teeth	—
Total	4135
(7) Extractions:—	
Permanent Teeth	3039
Temporary Teeth	12920
Total	15959
(8) Administrations of general anaesthetics for extractions	542
(9) Other Operations:—	
Permanent Teeth	1594
Temporary Teeth	310
Total	1904

TABLE V.

VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses or other authorised persons 4

(ii) Total number of examinations of children in the Schools by School Nurses or other authorised persons 66391

(iii) Number of individual children found unclean ... 799

(iv) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921 ... ... Nil.

(v) Number of cases in which legal proceedings were taken:—

(a) Under the Education Act, 1921 ... ... Nil.

(b) Under School Attendance Bye-laws ... Nil.

TABLE VI.

BLIND AND DEAF CHILDREN.

Number of totally or almost totally blind and deaf children who are not at the present time receiving education suitable for their special needs:—

	(1) At a Public Elementary School.	(2) At an Institution Other than a Special School.	(3) At no School or Institution.
Blind Children ...	—	—	—
Deaf Children ...	—	—	1

MENTALLY DEFECTIVE CHILDREN.

Total number of children notified during the year ended 31st December, 1942, by the Local Education Authority to the Local Mental Deficiency Authority, under the Mental Deficiency (Notification of Children) Regulations, 1928 ... 5